

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N28344**

1. Entity Name  
**BRIDGEWATER HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**P.O. BOX 1843  
GOLDENROD, FL 32733**

Mailing Address  
**P.O. BOX 1843  
GOLDENROD, FL 32733**



04272007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2963681**

Applied For  
No: Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**OSBORNE, STEPHEN L  
7801 FOX KNOLL PLACE  
WINTER PARK, FL 32792**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Stephen L. Osborne*

**STEPHEN L. OSBORNE**

**6/26/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MEARA, DAVID  
5632 RIVERWOOD LOOP  
WINTER PARK, FL 32792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
RINCHART, HANNAH  
5628 REVELWOOD LOOP  
WINTER PARK, FL 32792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
OSBORNE, STEPHEN L  
7801 FOX KNOLL PLACE  
WINTER PARK, FL 32792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000747866  
05/17/07-80043-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Stephen L. Osborne*

**STEPHEN L. OSBORNE**

**6/26/07**

**(407) 657-8882**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #